

**Guidelines For Physicians Involved
In The Training Or Supervision Of Non-certified Individuals
Utilizing Automatic External Defibrillators**

Pursuant to KRS 311.595(9), as illustrated by KRS 311.597(4), a physician's practice must conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky. At its September 18, 1997 meeting, the Kentucky Board of Medical Licensure adopted the following guidelines as the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky for physicians who are involved in the training and/or supervision of noncertified individuals utilizing automatic external defibrillators (AEDs):

Article 1. Definitions

Authorized individual.

"Authorized individual" means any person, not otherwise licensed or certified to use the automated external defibrillator, who has met the training standards of these guidelines, and has been issued a prescription by the prescribing physician for use of an automated external defibrillator on a patient not specifically identified at the time the physician's prescription is given.

Automated External Defibrillator.

"Automated external defibrillator" or "AED" means an external defibrillator capable of cardiac rhythm analysis which will charge and, with or without further operator action, deliver a shock after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia. These devices are known as fully or semiautomatic defibrillators.

Cardiopulmonary Resuscitation.

"Cardiopulmonary resuscitation" or "CPR" means a basic emergency procedure for life support, consisting of artificial respiration and manual external cardiac massage.

Internal Emergency Response System.

"Internal Emergency Response System" means a plan of action and responders within a facility to activate the "911" emergency system, and which provides for the access, coordination, and management of immediate medical care to seriously ill or injured individuals.

Prescribing Physician.

“Prescribing physician” means a physician, licensed in Kentucky, who issues a written order for the use of the automated external defibrillator to authorized individual(s), and who develops, implements, and maintains the medical control provisions specified in these guidelines.

Article 2. General Training

Provisions Application and Scope.

(a) Any physician licensed in Kentucky may authorized an individual to apply and operate an AED on an unconscious, pulseless, patient who is apneic or has agonal respirations, only if that authorized individual has been successfully trained according to the standards prescribed by these guidelines.

(b) The training standards prescribed by these guidelines shall not apply to licensed, certified or other prehospital emergency medical personnel as defined by KRS 211.964 and KRS 311.654.

(c) An individual shall be eligible for the training prescribed in these guidelines if the person has successfully completed a BLS providers course within the past two years, and has demonstrated proficiency in CPR practices to the satisfaction of the prescribing physician.

Article 3. Training

Standards Required Hours and Topics.

(a) The training shall consist of not less than four (4) hours, shall conform with the American Heart Association (AHA) recommended curriculum for a providers course in the use of automated external defibrillators, and shall include the following topics and skills.

(1) proper use, maintenance and periodic inspection of the AED;

(2) the importance of:

(A) CPR;

(B) defibrillation,

(C) advanced life support,

(D) internal emergency response system;

(3) overview of the local EMS system, including 911 access, and interaction with EMS personnel;

(4) assessment of an unconscious patient to determine if cardiac arrest has occurred and the appropriateness of applying and activating an AED;

(5) information relating to defibrillator safety precautions to enable the individual to administer shock without jeopardizing the safety of the patient or the authorized individual or other nearby persons;

(6) recognition that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged;

(7) rapid, accurate assessment of the patient’s postshock status to determine if further activation of the AED is necessary; and,

(8) authorized individual's responsibility of continuation of care, such as the repeated shocks if necessary, and/or accompaniment to the hospital, if indicated, or until the arrival of more medically qualified personnel.

Article 4. Medical Control

Medical Control.

(a) Before prescribing and authorizing the use of the AED, the prescribing physician shall establish appropriate policies and procedures which shall include:

(1) a description of the utilization of the AED, including written medical protocols which may include, but are not limited to, authorization of personnel, standing orders and case by case reviews.

(2) provisions to comply with any local EMS agency's policies and procedures;

(3) a mechanism for the training and testing of the authorized individual in the use of the AED;

(4) a mechanism that will assure the continued competency of the authorized individual to include periodic training, and skill proficiency demonstrations at least quarterly, monitored by either the prescribing physician, or his/her designee (which may be another authorized individual);

(5) a method of medical control to include reviews of each incident of application and the recording of such, either by means of magnetic tape or other suitable storage; and,

(6) the conditions for the rescission or termination of the authorization for the utilization of the AED.

(b) The prescribing physician may suspend, limit or terminate an individual's authority to use the AED. Notification to the individual will be in writing. If the individual is part of an internal emergency response system, the individual's employer shall also be notified in writing.

Testing.

In order for an individual to be authorized to use the AED, the individual shall pass a written and skills examination, to be determined by the prescribing physician, which tests the ability to assess and manage the specified conditions prescribed in Article 3, above.

Written Validation.

The prescribing physician shall issue to the authorized individual a written validation or other documented proof of the authorized individual's ability to use an AED.

Adopted: September 18, 1997